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ABSTRACT

The author suggests that questions of specialist territoriality in the evaluation of handicapped children shift the focus of assessment away from the children and onto the specialists who work with them. Instead, she advocates a redirection of efforts toward training diagnosticians from a variety of fields who can facilitate the workings of multidisciplinary teams. Ten tenets of assessment and diagnosis, including that bias is inherent in the assessment process and that process and product require equal attention in evaluation, are discussed. (CL)

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Diagnostic Testing and Assessment: A Holistic Approach

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Topic 4: Diagnosis, testing, and assessment: Which disciplines should have responsibility for identifying mental, social, physical, or sensory development?

Abstract

This paper suggests that questions such as, "Which responsibilities for which disciplines?", tend to shift the focus of assessment away from the children and onto the specialists who work with them. In lieu of addressing issues of specialist territoriality, the author suggests that we direct our efforts toward training diagnosticians from a variety of fields who can facilitate the workings of multidisciplinary teams. As groundwork for the training of such diagnosticians she points out the need for a theory of assessment. As a prelude to this development she presents and elaborates ten tenets of diagnosis and assessment which have emerged from her work as a clinician and teacher-trainer.

Diagnostic Testing and Assessment: A Holistic Approach

The ultimate goal of diagnostic testing and assessment is to facilitate the growth and development of children with special needs. In order to reach this goal, diagnosis must remain child centered. Unfortunately, children are often lost in a bureaucratic maze of procedures theoretically designed for their benefit. Questions such as, "Which responsibilities for which disciplines?", tend to shift the focus of assessment away from children and onto specialists who work with them. Rather than expend energy and thought addressing issues of specialist territory, which will probably never be settled, I suggest that we direct our efforts toward training diagnosticians from a variety of fields with the skills and experience necessary for encouraging the workings of multidisciplinary teams. A special kind of teamwork is called for in the assessment of children with special needs, one that brings disciplines together and facilitates transdisciplinary coalescence of finds and recommendations. Effective teamwork remains child focused.

Critical to the training of diagnosticians who can bring together the various disciplines involved with special needs children, are some theoretical constructs about the assessment process itself. Theory provides the necessary undergirding for daily workings in the field. As a prelude to the development of a theory of assessment, I offer the following ten tenets of assessment and diagnosis. They have emerged from my work as a clinician and as a trainer of graduate students in special education assessment.

1. Diagnosis is a process of intervention.

One of the myths that has emerged from the application of the medical model to the diagnosis of exceptional children is that "intervention" or "treatment" begins after diagnosis has occurred. The dictionary defines intervention as "any interference that may affect the interests of others" (Webster, 1893, p. 781). In doing assessments of children, we are undoubtedly interfering in their lives and thus intervention occurs at the outset of diagnosis not its termination.

With this notion of diagnosis as intervention comes, I think, an obligation to be aware of the nature of that intervention. An agent who interferes effectively defines the parameters of that intervention to all concerned. Along with a definition of limits lies the responsibility for turning over the reins of interference to those people whose resources seem most effective for meeting the child's needs. This kind of obligation denies an approach which ends a diagnosis with a series of pronouncements on what should be done, with a rapid exit and relinquishing of responsibility. Bridging and follow-up are part of the debt we incur when interfering with children. "Diagnosis as intervention" implies the assumption of certain responsibilities.

2. Context is critical to understanding--behaviors in the context of setting, children in the context of home and school.

The basis for this statement is that no act or entity exists in isolation, but is only truly apprehended when viewed as part of a system. Systems theory suggests that because the human organism and human organizations are systems, no single feature of the organism, nor the organism, itself, can be analyzed in isolation. While it may be

appropriate to highlight one aspect of functioning in doing assessments, this part must still be considered in relation to the total gestalt.

A child, therefore, needs to be examined as a member of a family, a student in a school and a member of a community. A child's performance needs to be evaluated in the context of setting. Recommendations for the child also need to take into account the systems of home and school. To be effective, they must be derived out of a comprehension of the nature of the setting where they are to be carried out. To omit an understanding of context in doing diagnostic work is to function in a vacuum.

3. Diagnosis is a social act and as such requires a social conscience.

Assessment occurs in a social context; it entails a study of children in situations and involves people dealing with people. As such, it requires a social conscience -- an adherence to certain values and a willingness to explore personal judgments.

One of the values central to adequate assessment is a respect for individual difference, including a belief in the worth of each child. To work effectively with people who live with and teach children who are differenct, we must value difference. Another important asset for diagnostic work is a knowledge of our own capabilities. It is critical that we undertake those tasks for which we feel competent and refuse those tasks for which we do not. For those times when the task is too great, we need to be able to call for outside consultation. A third value necessary for evaluation is a respect for the resources of the children and their families and teachers. An underestimation of the basic capabilities of those involved in the life of a child or of the

child, himself/herself, will undermine the best of cognitive analyses.

Of equal importance to these essential values of assessment is an awareness of the personal value system we bring into play throughout the assessment process. The consequences of our acts are ever present to remind us of the moral judgment we exercized in executing them. "The act of evaluation is not value-free" (MacDonald, 1974, p. 1).

4. Bias is inherent to the assessment process.

No matter what we do diagnostically, we bring our own biases, bents, and inclinations. The injection of bias is readily apparent in the process of observation, but perhaps not quite so visible in the administration of standardized tests. In situations of observation, bias enters the diagnostic picture because of the simple fact that we, as people, are observing other people, in contrast to the case where we as people are observing a bunch of leaves or other inanimate objects. When we see people, we project ouselves. It is natural to do this--it helps form the basis of interactions. Quantification does not eliminate bias during observation. If we count how many times a child leaves his seat in the course of fifteen minutes, we have revealed our bias towards the importance of staying in seats.

Standardized tests present a slightly different dilemna with regard to bias. "Tests and survey instruments are wrongly assume to be value-free because of the depersonalized procedures of administration and analysis that govern their application" (MacDonald, 1974, p. 3). This notion of the objectivity of tests has led to a series of "appropriate" behaviors of people who would give tests. Test manuals exhort examiners to be objective. This attempt to attain scientific objectivity ignores

two important variables: 1) a person is taking the test, and 2) a person is administering the test. The most restrained and bland of demeanors does not change the person administering the test into a non-person. Test responses are always the result of an interaction between two people, examiner and child. (Casdon, 1976).

Not only the test-givers, but also the tests, themselves, are inherently biased. In recent years, the cultural bias of tests has been under attack. In the United States the extent and force of this attack can be seen in state legislation proposed to abolish the use of I.Q. tests and in federal legislation (Education of the Handicapped Act of 1975, PL 94-142) which mandates the development of "culture-fair" tests.

"If we accept that tests can be biased and people can be biased, then another approach is to understand the nature of bias" (Williams, 1975, p. 38).

5. Elemental patterns of behavior are invariant across time and setting.

This axiom is perhaps the most obvious of all the assumptions outlined. Were it not so, there would be no point to the diagnostic process. Patterns form the essence of the diagnostic chore--to observe them, to elicit them, to deduce from them. This assumption of pattern is related to the idea that when doing assessment, we are looking at basic patterns that characterize systems. These patterns are evident within people and in the relationships between them.

To say that certain patterns of behavior are invariant across situations is not to ignore the influence of setting on behavior. It is to emphasize the fact that we live in a world of patterns. Chaos creates

tension for human beings, which is relieved by the restoration of order and the recurrence of pattern. Discernment of the patterns in a child's behavior may be the beginning of removing the chaos from his/her life.

6. Assessment is a process of communication.

There are two definitions of communication that relate to assessment. The first is the more common one: "to make known; to recount; to give; to impart as to communicate information to anyone: (Webster, 1893, p. 287). The second is: "to share or participate; to possess or enjoy in common; to have sympathy: (Webster, 1893, p. 287).

Imparting information occurs throughout the assessment process, but is especially important at the report-writing and recommendation stage Information transmitted through the written word is of special consequence. It seems mandatory to ask that these words be understood by the receiver. "Write your reports in clear, understandable, jargon-free language. Professional terminology is...an obstacle to understanding." (Gorham, Des-Jardins, Page, Pettis, Scheiber, 1975, p. 183) The advantage of the written form of communication is that it provides a permanent record of the diagnosis, but the permanency of that communication needs to be considered with every word chosen, because of its lingering impact.

The recounting of information cannot take place effectively if the series of human interactions that are such an essential part of the diagnostic process do not occur on a shared basis. Thus the saliency of the second meaning of communication, "to possess or enjoy in common." Diagnosis which serves the best interests of the child is a venture of mutual collaboration. "Have the parents there, involved in every step of the way. The dialogue established may be the most important thing

you accomplish." (Gorham, et. al., 1975, p 138) This advice also applies to teachers and children and any others involved in the assessment process. The sharing of information needs to be carried out with a participatory frame of mind so that assessment can be a process of reciprocal communication.

7. Process and product require equal attention in evaluation.

In the United States, we live with an educational establishment whose "ideological forces...nurture behavioral objectives in pedagogy, performance based criteria in teacher education, and accountability in educational administration, namely a product-and-outcome oriented ideology that views desired behaviors as ends in themselves, with little concern for the processes that produce them" (Messich, 1975, p. 8). One of the dangers of operating daily under the influence of such ideological forces is that they can seep into the process of assessment without realization. Some of this emphasis on product is clearly related to the testing industry and its pervasive influence on us as consumers. As a people who have been conditioned to appreciate the quick answer and the fast response, we tend to summarize children in quantities of outcome, "I.Q.-27, Reading Grade Level - 2.4." Diagnosis becomes a list of products to satisfy principals, parents, and people at large. This stress on product is difficult to resist. Sometimes the strongest push for quantified results comes from parents. They want to know, and, indeed, have an ethical and now legal right to know their child's I.Q. or reading level.

In looking at children, however, particularly with the methodology of standardized tests, it is critical to get at the process of their

thinking. (Werner, 1937) Unfortunately, the analysis of this process takes time. Time that I call soft time as opposed to hard time. Hard time is that time spent in direct contact with people, such as testing, observation, doing home visits. Soft time is that time spent in reflecting on the data collected, analyzing it to form hypotheses and devising future plans. The writing of reports and recommendations might also be considered soft time. I would estimate that to do good diagnostic work, the ratio of soft to hard time should be about three to one. Educational administrators under the pressures of a product oriented society where accountability is emphasized are not going to value and, therefore, legitimate soft time. However, in order for beneficial diagnos to occur, a better balance between process and product needs to be maintained.

8. Deviance is relative.

The very definition of deviance, "variation from the common way" (Webster, 1893, p. 402), dictates its relativity. Cultural codes are the determiners of deviance. Societies respond differently to certain conditions, and, therefore, treat and label them differently. Deviance is decided by how far one strays from the peak of the bell curve, and these peaks vary from place to place.

In looking at "deviation from the norm" within a culture, it is sometimes helpful to consider how much the "norm" itself varies across cultures. Some aspects of behavior are more stable across cultures than others. The rate of acquisition of spoken language, for example, is less variant than the rate of acquisition of written language. The more closely allied behavior is to physiological maturation, the more likely it is to remain constant across settings. It could be argued

that only those behaviors that deviate from norms that are consistant across cultures should be identified with the labels of exceptionality.

In assessing children, it is important to remember that deviance is relative. It is a prudent course not to judge others from the reference of our own cultural norms. At the same time, deviations can only be considered in reference to a "norm", so that if a child is speaking two-word utterances at the age of five, concern needs to be mounted, since most children enter that stage by about two. Thus a knowledge of normal development is necessary in assessing deviant development. At the same time, the assumption that "deviance is relative" must guide diagnostic work.

9. Common sense is the crucible for diagnostic judgment.

Sometimes in an effort to be "professional", the most important asset that we bring to the process of assessment is lost. There is a myth abounding in the diagnostic world that to be "objective" or "fair", we have to leave ourselves behind in making decisions, and that only book learning and professional experiences are important. Readings and clinical experiences are certainly critical for building a repertoire of skills necessary for good assessment, but if in all that process of learning, common sense or the ability to relate out of our experience is lost, then the other learnings are inconsequential.

Common sense is "the complement of those cognitions or convictions which we receive from nature, which all men possess in common, and by which they test the truth of knowledge and the reality of actions," according to Sir William Hamilton. (Webster, 1893, p. 286) Common sense is always the final test for examining our conclusions when working with children and their families and teachers.

10. To a certain extent, the "wheel has to be reinvented" each time we look at a child.

Part of the joy of diagnostic work is that to be effective, we have to "invent the wheel" each time we see a child, since there are no solid laws of science to guide our looking. To do beneficial diagnosis, past assumptions that are with us as the results of labels or other stigmatizing criteria need to be temporarily relinquished. Assumptions limit our vision to a great extent and awareness of their presence allows a keener and fresher look at children. An example may serve to illuminate this point.

A number of years ago, I visited a summer camp for "severely disturbed" and "autistic" children. I became particularly intrigued with a boy named Ali, who had been labeled both "autistic" and "schizophrenic". He drew a lot with his ever present stick on whatever surface was available -- dirt, sand, mud. I happened to have seen some drawings of his in another context, so I knew how brilliant and expressive he could be in this visual mode. There were other children who also scratched in the dirt with sticks. They and Ali were told, "It is not time now to draw, it is time to play...kickball," or whatever the activity was at the moment. For some of the children, scratching with a stick was a path of escape into a world inside themselves and any intervention that pulled them away from such a route could be considered helpful. In Ali's case, however, I think the scratchings had a different meaning; his drawings were a way to break through to others, a visual path to circumvent the auditory one which was so difficult for him. If we allow our assumptions about "autism" to color our way of looking at

Ali, we will recommend that he put his stick away. If we can set aside our assumptions and "reinvent the wheel", we will find a way for Ali to use his stick to communicate with a heretofore elusive world.

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